FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instr	_	Office use only				
1. NAME OF COMMITTEE (in	(Check if name is changed)	e Example: If typying, type over the lines	12FE4M5				
Michigan Doct	ors Political Action Commit	ee - Michigan State Medical					
ADDRESS (number and s	P.O. Box 769						
(Check if addre	ess Liliiii						
is changed)	East Lansing		MI 48826 - 1				
COMMITTEE'S E-MAI	I ADDRESS	CITY▲	STATE▲ ZIP CODE ▲				
jgass@msms.							
1							
COMMITTEE'S WER	PAGE ADDRESS (URL)						
WWW.mdpac.			,				
COMMITTEE'S FAX N 5173372490	UMBER						
2. DATE M M M	/ D D / Y Y Y Y Y						
3. FEC IDENTIFICA	TION NUMBER	C C00001180					
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)							
I certify that I have exami	ned this Statement and to the best of m	y knowledge and belief it is true, correct a	and complete				
T. Divi	Treasurer GOLDBERG,	SCOT					
Type or Print Name of	reasurer						
Signature of Treasurer	Electronically Filed by GOLD	BERG, SCOT	Date 12 / 06 / Y Y Y Y Y				
NOTE: Submission of fall	·	n may subject the person signing this Sta	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS				
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530					

This committee is a principal campaign committee. (Complete the candidate information below.) Candidate	Page 2	FEOForm 1 (Revised 02/2003)					
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Party Affiliation Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (d) This committee is a (National, State (or subordinate) committee of the Republican,etc.) Part (e) X This committee is a separate segregated fund (f) This committee is a separate segregated fund This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. Mailing Address CITY STATE X ZIP CODE A		. TYPE OF COMMITTEE (Check One)					
information below.) Name of Candidate Party Affiliation Candidate Party Affiliation Candidate Party Affiliation Candidate President Candidate President Candidate (National, State (or subordinate) committee of the Candidate Candidate	plete the candidate information below.)	(a) This committee is a principal campai					
Candidate Candidate Party Affiliation City	principal campaign committee. (Complete the candidate	(-)					
Party Affiliation Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (d) This committee is a (National, State) (Openocratic, Republican, etc.) Part (e) This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. 3. Name of Any Connected Organization or Affiliated Committee Mailing Address CITY STATE ZIP CODE							
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(d) This committee is a							
Mailing Address CITY STATE A ZIP CODE A	te) committee of the Republican,etc.) Party.	(e) X This committee is a separate segrega (f) This committee supports/opposes mo					
CITY STATE A ZIP CODE A		. Name of Any Connected Organization or Affiliate					
CITY STATE A ZIP CODE A							
CITY STATE A ZIP CODE A							
CITY STATE ZIP CODE A		Mailing Address					
Relationship	STATE ▲ ZIP CODE ▲	CITY▲ STATE ★ ZIP CODE ▲					
		Relationship					
Type of Connected Organization:							
Corporation Corporation w/o Capital Stock Labor Organization	apital Stock Labor Organization	Corporation					
Membership Organization Trade Association Cooperative	Cooperative	Membership Organization					

Write or Type Committee Name

	Michigan Doctors Polit	ical Action Committee - Michigan S	State Medical Society					
·.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
	Full Name							
	Mailing Address							
	Title or Position ▼	CITY A						
			Telephone number					
8.	name and address of any Full Name	and address (phone number option designated agent (e.g., assistant treat. Goldberg, MD	nal) of the treasurer of the con asurer).	nmittee; and the				
	Title or Position ♥	CITY A	STATE A					
	Secretary	/Treasurer	Telephone number 517					
	Full Name of Designated Agent							
	Mailing Address							
	Title or Position ♥	CITY A	STATE A	ZIP CODE A				
			Telephone number					

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.							
	Name of Bank, Depository, etc.							
	Capitol	National Bank						
	Mailing Address	200 Washington Square North						
		P.O. Box 26068						
		Lansing MI 4890	01 _ 2577					

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷